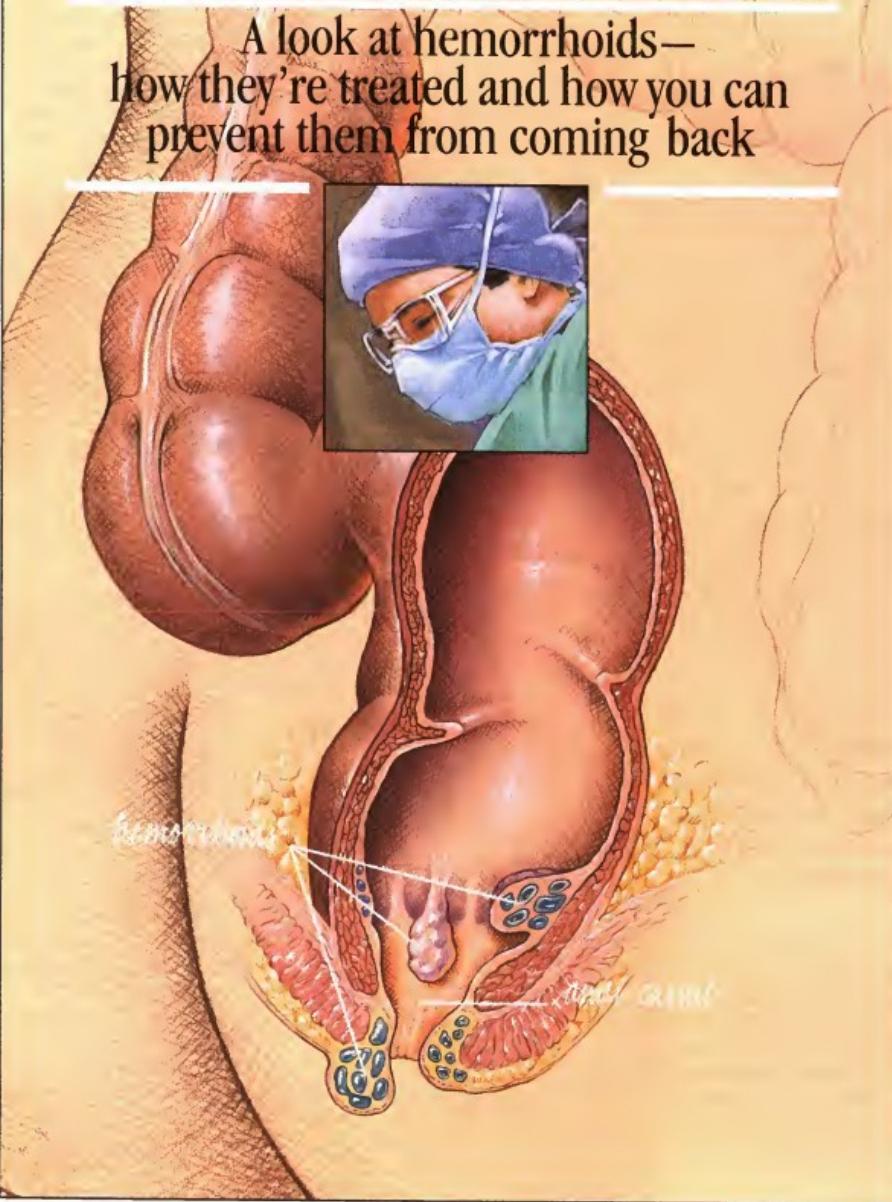


THE HEMORRHOID BOOK

A look at hemorrhoids—
how they're treated and how you can
prevent them from coming back



A Natural Part of Every Body

2 Hemorrhoids are natural? That's right. Everyone has them — you just don't notice them as long as they're doing their job. Hemorrhoids are cushions of tissue that swell gently to aid in the process of elimination. You'll begin to notice hemorrhoids only when they swell too much. Then they may cause pain, itching, irritation, burning, and bleeding. If you have swollen hemorrhoids, you're not alone. All kinds of people get them — pregnant women, active and sedentary people, people who do a lot of heavy lifting, and many others.



Swollen Hemorrhoids

Swollen hemorrhoids have many causes. The primary cause is a low-fiber diet, leading to constipation and straining on the toilet. Other causes include a sedentary lifestyle, strenuous exercise, pressure on the rectum from pregnancy or simply from standing a lot, regulating bowel habits by the clock, and medications that cause diarrhea or constipation. Swollen hemorrhoids may even run in families.

Managing the Pain

When swollen hemorrhoids are painful, you want relief quickly — and you want to be sure that nothing else is wrong. That's where a trip to the doctor's office can be reassuring. Your doctor can accurately evaluate your condition and recommend a treatment and prevention approach that's right for you.

Your Evaluation

Hemorrhoids aren't life-threatening, but some of their symptoms are similar to symptoms of such serious diseases as colorectal cancer. If you experience rectal bleeding or a change in bowel pattern, or if the irritation persists despite your efforts to relieve the symptoms, see your doctor for an evaluation.

Your Treatment

Once your doctor confirms a diagnosis of bleeding or swollen hemorrhoids, you can explore together your treatment options. For many people, a change in diet and level of activity is the solution. For others, treatment at the doctor's office or surgery may also be needed.

Prevention

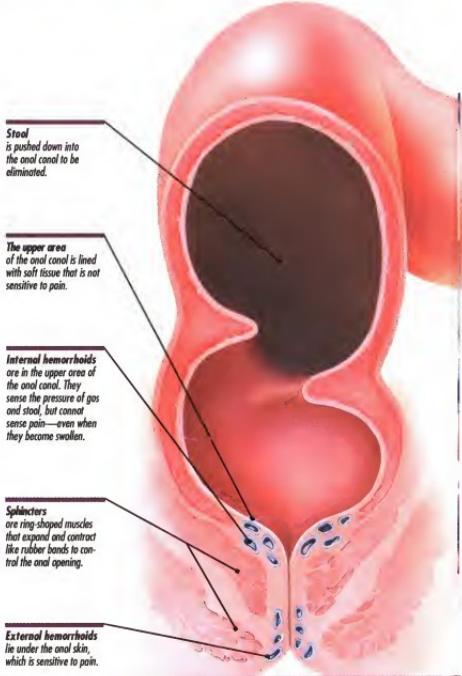
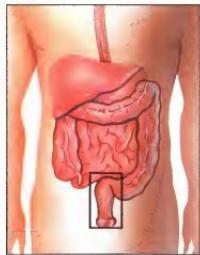
Maintaining a healthy, high-fiber diet, which relieves constipation and eases the digestive process, is the best way to prevent bleeding or swollen hemorrhoids. Developing good exercise and bowel habits may help, too. Your doctor can give you specific advice on how to prevent future discomfort.

This booklet is not intended as a substitute for professional medical care. Only your doctor can diagnose and treat medical problems.

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How Hemorrhoids Swell

Hemorrhoids are "cushions" of tissue and veins located both outside and inside the anal canal. Hemorrhoids within the anal canal sense the difference between gas and stool and swell slightly and temporarily to aid in the passage of stool. However, straining to eliminate—especially when constipated—causes hemorrhoids to enlarge. And frequent straining causes them to remain swollen.



The Anal Canal

Hemorrhoidal cushions are found in the **anal canal**—the last one-and-a-half inches of the colon. Digested food passes from the stomach through the small intestine, then into the colon. The remaining waste material (**stool**) passes into the **rectum** for storage, then through the anal canal for elimination.

Normal Elimination

When food with enough fiber is digested, waste collects in the rectum as soft stool. The sphincter muscles relax, and internal hemorrhoids swell just a bit to cushion the stool as it passes easily from the body.



Difficult Elimination

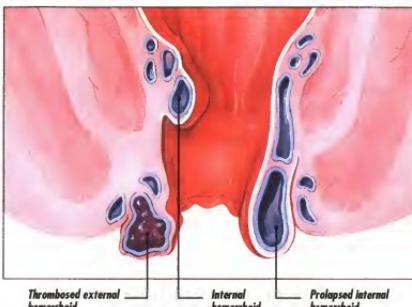
When food with too little fiber is digested, it collects in the rectum as hard stool and remains there long after you feel ready to pass it. Prolonged straining causes hemorrhoids to swell repeatedly. When finally passed, hard stool scrapes against and irritates swollen hemorrhoids and pushes them out.



Types of Hemorrhoids

External Hemorrhoids

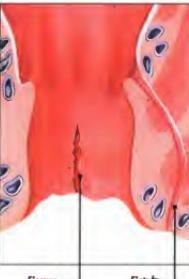
Just outside the anus, these small, soft pads are the same color as your skin. External hemorrhoids rarely cause pain unless they form a blood clot, or **thrombose**. Then they turn blue and may cause sudden, severe pain.



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Internal Hemorrhoids

Internal hemorrhoids commonly occur in clusters around the anal canal wall and are usually painless. They may protrude, or **prolapse**, from the anus when you strain and may disappear when you relax. Bright red or dull maroon in color, they may bleed or discharge mucus.



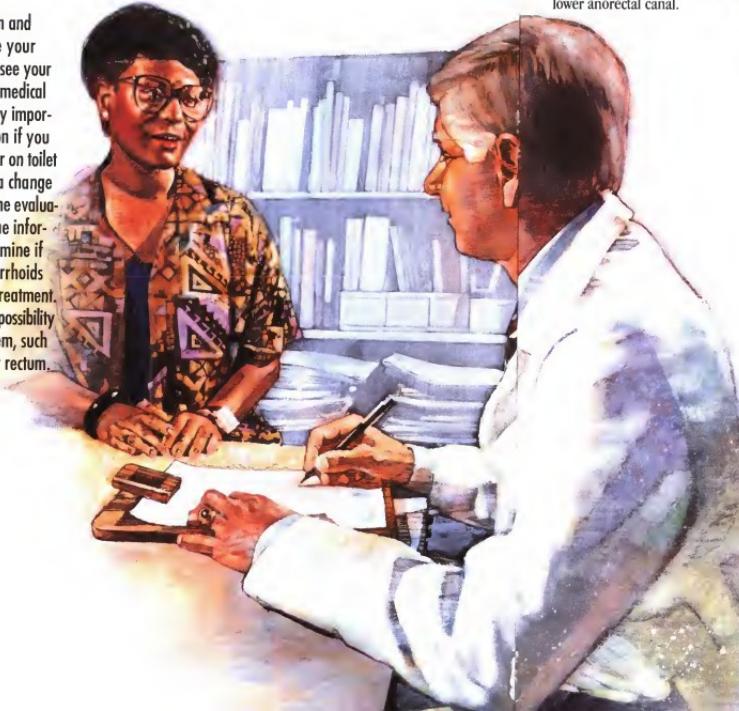
Other Anal Problems

Other problems may cause discomfort in the anal area. A **fissure**, a crack in the anal canal's skin, may be painful and bleed. A fissure can result from a hard, dry bowel movement, diarrhea, or inflammation of the rectal area. A **fistula**, an infected pathway, may develop as an abscess works its way from inside the anal canal to the outside skin. It may be either painful or painless, and usually causes a lot of drainage.

Diagnosing Hemorrhoids

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If symptoms of irritation and swelling persist despite your efforts to relieve them, see your doctor right away for a medical evaluation. It's especially important to get an evaluation if you see blood in your stool or on toilet tissue, or if you notice a change in your bowel pattern. The evaluation gives your doctor the information needed to determine if you have swollen hemorrhoids and, if so, to plan your treatment. It also helps rule out the possibility of a more serious problem, such as cancer of the colon or rectum.



Your History

To begin making your diagnosis, your doctor asks you about the symptoms you've noticed and how long you've had them. You'll also be asked about the kind of food you eat, how often and what kind of bowel movements you have, how much exercise you get, medications you take, and whether you or members of your family have ever had cancer or polyps of the colon.

Your Exam

During your examination, your doctor looks for signs of swollen hemorrhoids or other problems. This brief exam causes little discomfort. A **visual examination** of your outer anal skin comes first. A **digital rectal exam** usually is done next. Using a well-lubricated, gloved finger, your doctor feels for hemorrhoids in your anal canal and, in men, also checks for prostate problems. An **anoscopic exam** may follow. Your doctor inserts a tube to view your lower anorectal canal.



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Additional Tests

Additional tests may be done to be sure that your symptoms aren't caused by another problem such as colon or rectal cancer. Your doctor will advise you of any special preparations needed before these tests.

Testing for Blood in Stool

Your doctor takes a sample of your stool, or asks you to take a sample at home, and has a lab check it for blood.

Sigmoidoscopy

Your doctor inserts a lighted tube to visually inspect your rectum and lower colon. This brief exam can be done in your doctor's office and usually causes little or no discomfort.

Barium Enema

A radiologist fills your rectum and colon with a liquid barium solution, then takes x-rays that show the whole colon. Done on an outpatient basis at a hospital or radiology center, this test may cause some discomfort.

Colonoscopy

Your doctor inserts a lighted tube to visually inspect every inch of your colon. Usually performed under sedation on an outpatient basis at a hospital, this exam may cause some discomfort.

Your Treatment Plan

After all the necessary tests have been completed, your doctor discusses your diagnosis with you and recommends treatment. If you do have swollen hemorrhoids, your doctor suggests a treatment plan ranging from a change in your diet to surgery. The treatment that's right for you depends on the type or severity of your problem.

Treatment at Home

In many cases, the efforts you make at home under your doctor's guidance are enough to cure your problems with hemorrhoids for good. The goal of home treatment is to ease constipation and relieve your symptoms. To accomplish this, your doctor may recommend changes in your diet and exercise habits as the primary treatment for hemorrhoids. Your doctor may also advise you to change your bowel habits and take warm baths or other soothing measures to relieve the irritation.

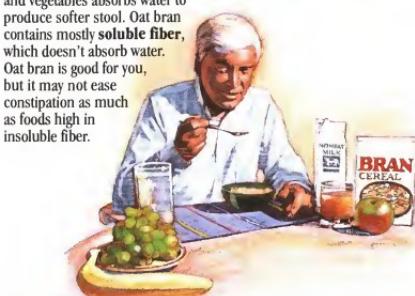
To Ease Constipation

Add Fiber and Water

You can ease constipation usually within a few days by eating more high-fiber foods and drinking six to eight glasses of water a day, especially with meals. Your doctor may also recommend a **bulk agent**, a high-fiber supplement usually made of psyllium seed and readily available at the grocery store. You may notice an increase in gas when you first add more fiber to your diet. This gradually subsides.



Insoluble fiber in bulk agents and in such foods as wheat bran, whole-grain breads, fresh fruits, and vegetables absorbs water to produce softer stool. Oat bran contains mostly **soluble fiber**, which doesn't absorb water. Oat bran is good for you, but it may not ease constipation as much as foods high in insoluble fiber.



Get More Exercise

Exercise such as swimming, walking, or biking aids digestion and, when combined with a proper diet, helps prevent constipation. Check with your doctor first to determine the activities most appropriate for you.



High-Fiber Hints

Fiber-rich foods offer so many benefits: they keep you regular, are usually low in calories, and taste great. A high-fiber diet not only helps heal and prevent swollen hemorrhoids, but also is effective in reducing the risk of colon and rectal cancer. Sometimes it's hard to change habits. But with just a little effort, you can begin to add more insoluble fiber to your diet. Here are some hints to help you get started.



Four Rich Sources of Insoluble Fiber

Whole grains, especially wheat bran, corn bran, and brown rice

Vegetables, especially carrots, broccoli, and peas

Fruits, especially apples, bananas, raisins, and pears

Nuts and legumes, especially peanuts, lentils, and kidney beans

Four Easy Ways to Add Fiber

Start your morning with a high-fiber breakfast. Eat wheat bran cereal and a sliced banana, or peanut butter on whole wheat toast, instead of bacon and eggs.

Pack **carrot sticks** instead of potato chips in your lunch. You'll get the same crunch, fewer calories, and much more fiber.

For a sweet treat, try an apple or some raisins instead of a candy bar. Fruits are packed with fiber and are much lower in calories than candy.

Be daring. Try a lentil burger with brown rice for dinner. Lentils are full of fiber. And brown rice gives you twice as much fiber as white rice.

To Relieve Symptoms

Develop Good Bowel Habits

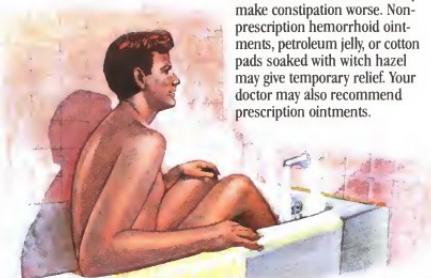
Everyone's system is different, so don't push yourself to have a bowel movement every day. Don't strain on the toilet and don't put off the urge to go. Sit on the toilet only as long as necessary and don't read while you're there. Wipe gently with soft, white, unscented toilet paper.

Use Ice Packs

An ice pack applied to a thrombosed external hemorrhoid soon after it first appears can relieve the pain within a few minutes and reduce the clot within a few days. Use the ice for no more than a few minutes at a time, and stop using it altogether after a few hours.

Take Sitz Baths

Sit for a few minutes in about three inches of warm water for immediate relief of symptoms.



Take Other Measures

Laxatives and enemas can help ease constipation, but use them only on your doctor's advice. Overuse of laxatives can actually make constipation worse. Non-prescription hemorrhoid ointments, petroleum jelly, or cotton pads soaked with witch hazel may give temporary relief. Your doctor may also recommend prescription ointments.

Treatment at Your Doctor's Office

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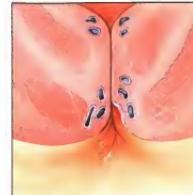
Sometimes home treatment just isn't enough. If your symptoms are severe and persist despite changes in your diet and other remedies, your doctor may recommend an outpatient treatment, which can usually be done at the doctor's office or at a hospital or surgical center. No special preparation is required. These treatments usually take just a few minutes to complete.

Thrombosed External Hemorrhoids

After numbing the area with a local anesthetic, your doctor makes a small incision and removes the thrombosed hemorrhoid. The incision is left open and heals naturally in a few days.



A thrombosed external hemorrhoid under local anesthesia.



Your incision is left open and heals in a few days.



Internal Hemorrhoids

Your doctor inserts an anoscopic tube into the anal canal to reach the affected hemorrhoids. These treatments generally cause little discomfort.

Injection Therapy

This method can be effective for small hemorrhoids that bleed. Your doctor injects a chemical into the tissue around the hemorrhoid, causing it to shrink in a few days. Symptoms of bleeding usually disappear in 24 hours.



Infrared Coagulation

Your doctor may use this method for prolapsed hemorrhoids that bleed. Using a hot infrared light, your doctor irritates the hemorrhoid, which will heal in five to ten days. Light bleeding may occur for a few days following your treatment.



Banding

Banding is effective for prolapsed hemorrhoids. Your doctor places one or two tight elastic bands around the base of the hemorrhoid, which falls off in about seven to ten days. Tissue heals a few days later.



Laser Therapy

Similar to infrared coagulation, laser therapy uses an intense beam of light to treat the swollen tissue.

Call Your Doctor If...

...you experience pain, fever, chills, persistent bleeding, or an inability to urinate. These may be signs of complications that require medical attention.

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Treatment at the Hospital

You may have hemorrhoids that haven't responded to previous treatment, or hemorrhoids that produce severe, long-lasting symptoms of prolapse, bleeding, or mucus discharge. If so, your doctor may recommend surgical removal (**hemorrhoidectomy**).

You'll usually be admitted to the hospital or surgical center on the day of surgery. You may go home soon after surgery or stay overnight, depending on how you're feeling. You usually can begin to get back to your normal routine about a week after surgery.

A Few Days Before Surgery



Schedule Lab Tests

Your doctor may request blood tests, an EKG (electrocardiogram), and a chest x-ray to be sure your heart and lungs are in good shape.



Ask About Medications

You'll be told to stop taking aspirin, because it acts as a blood thinner. Ask your doctor if there are other medications you should also stop taking.



Quit Smoking

Quit smoking to eliminate the strain "smoker's cough" puts on your hemorrhoids.



Don't Eat or Drink

No food or drink—not even water—may be taken after the midnight before surgery. Keeping the stomach empty reduces the risk of vomiting under anesthesia.



Arrange for Help

You'll want to take it easy after surgery, so arrange for help at home. Plan to have someone drive you to the hospital or surgical center and pick you up afterward.

Just Before Surgery

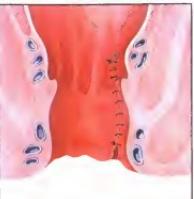
You'll be asked to sign a legal consent form authorizing your doctor to perform the surgery. Also, you may be given a mild laxative or an enema. Your doctor, anesthesiologist, or nurse anesthetist will explain the type of anesthetic to be used. Just before surgery, anesthetic is administered and an intravenous (IV) tube is started to give you medications and fluid.

During Surgery

Your doctor inserts a spoonlike instrument (retractor) into the anal canal, then removes the swollen hemorrhoid. To provide drainage for fluid or mucus, the incision may be left open, or it may be stitched partially closed. Several hemorrhoids may be removed during your surgery.



Swollen, prolapsed hemorrhoid before removal



Absorbable sutures are placed around the base of the hemorrhoid.

After Surgery

You'll be taken to the recovery area, where a nurse monitors your heart rate and blood pressure. If you don't have extensive pain or difficulty with urination, you may be able to go home the same day. Otherwise, your doctor may ask you to stay overnight in the hospital. For a short time, you may have gas cramps, nausea, or light bleeding. These should soon disappear.

During the next few days, you'll feel some discomfort and may have muscle spasms with bowel movements. You may fear the first bowel movement after surgery, but don't be afraid to push as hard as you usually do. Delaying your first bowel movement only makes it more difficult. Stool softeners, laxatives, bulk agents, and medication may be prescribed to relieve discomfort.

Risks and Complications

All surgery carries a slight risk of infection. Hemorrhoidectomy also carries a slight risk of urinary retention, the inability to urinate. Anal stenosis, a narrowing of the anal canal, is a rare complication that can occur several months after surgery. Both conditions, if they occur, can be treated.

Call Your Doctor If...

...you have severe pain, fever, chills, persistent bleeding, or an inability to urinate. These may be signs of complications that require medical attention.



Recovery and Prevention

Whether you've had surgery or some other treatment, you can aid your recovery and prevent future discomfort by developing habits that promote the health of your colon and anal canal. If you've had outpatient treatment, you may experience no pain or discomfort at all after treatment, or you may feel mildly uncomfortable for a day or two afterward. Complete healing will take only a week or so. If you've had a hemorrhoidectomy, you'll need to take it easy for seven to ten days. Complete healing takes about six to eight weeks.



After Treatment

Avoiding Constipation

Be sure to include wheat bran, fresh fruits, and plenty of vegetables in your diet. Don't overly rely on laxatives. Drink lots of water and stay active without overexerting yourself.

Avoiding Strain on the Toilet

Always avoid straining on the toilet, but especially a few days after treatment, when you may experience swelling that feels like an incompletely passed stool or a hemorrhoid.

Caring for the Wound

The day after treatment, you may remove your bandage. Wearing soft gauze pads or sanitary napkins in your underwear helps to control fluid drainage, discharge of mucus, and bleeding. Change pads and underwear frequently. Good hygiene promotes healing.

Managing the Pain

Your doctor may prescribe pain medication and will instruct you on how to care for yourself until your first follow-up visit. If you feel a burning sensation when you have bowel movements, sit baths may provide relief.

Returning to Work

Your doctor can tell you when you're ready to work again. If you've had surgery, you may need to take a few days off if you're moderately active at work—and maybe longer if you are very active on the job.



Preventing Future Discomfort

With continuous self-care, you can prevent future symptoms of hemorrhoids. Remember:

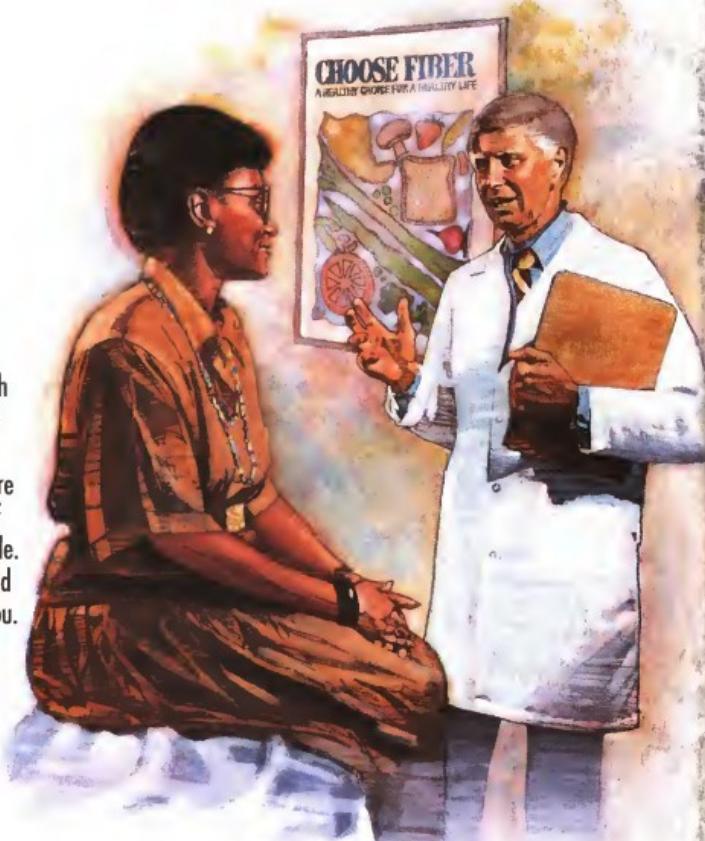
- Eat high-fiber foods.
- Drink plenty of water.
- Get moderate exercise.
- Develop good bowel habits.

See Your Doctor

After treatment or surgery, it's possible you'll never experience problems with hemorrhoids again. But be sure to report any new or unusual symptoms to your doctor. Early consultation allows your doctor to evaluate both the progress of your recovery and the general health of your colon and anal canal.

Feeling Good Again

Anyone can have trouble with hemorrhoids. But, the good news is that no one has to suffer for long. From self-care to surgery, a wide range of treatment options is available. Your doctor can help you find the option that's right for you.



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